

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

50 Harry S. Truman Parkway, Room 102, Annapolis, Maryland, 21401

Telephone: 410.841.5862

Facsimile: 410.841.5780

www.mda.state.md.us

PERSONAL HISTORY FORM UPDATE
VETERINARY TECHNICIAN REINSTATEMENT

(Lapsed registration of 5 years or more)

REINSTATEMENT FEE: \$75.00

NOTE: All information requested is on-going in nature. Failure to provide the Board with any changes to the information supplied can result in a refusal to register you, suspension or revocation of your registration, reprimand, censure, or placement on probation. If the application for registration has not been successfully completed within one year from the date of initial submission, a new application and fee will be required. Type or print clearly all information except personal signature.

NAME IN FULL: _____
Last First Middle (Maiden Name)

GIVE THE LAST DATE YOUR REGISTRATION WAS VALID: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

HOME TELEPHONE NO.: () _____ WORK TELEPHONE NO.: () _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

HAS ANY VETERINARY OR VETERINARY TECHNICIAN BOARD EVER: (A) TAKEN ANY
DISCIPLINARY ACTION AGAINST YOU (e.g., CENSURED OR REPRIMANDED YOU, PLACED YOU ON
PROBATION, IMPOSED A CIVIL PENALTY OR FINE, OR SUSPENDED OR REVOKED YOUR LICENSE,
REGISTRATION, OR CERTIFICATION); OR (b) REFUSED OR REJECTED YOUR APPLICATION TO
PRACTICE AS A REGISTERED VETERINARY TECHNICIAN? _____ YES _____ NO

IF YES, STATE WHERE, WHEN, AND WHY: _____

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HAVE YOU EVER BEEN CONVICTED OF A CRIME, **EXCLUDING** ANY MINOR TRAFFIC VIOLATIONS?

YES

NO

IF YES, PLEASE EXPLAIN:

CONTINUING EDUCATION

The Board shall renew a lapsed registration of 5 years or more if the applicant submits proof of satisfactorily completing at least 8 hours of Committee-approved continuing educational requirements for each year the registration is considered to be lapsed, and certain other criteria are met, as set forth below.

ORGANIZATION	LOCATION	TITLE	DATE(S)	CONTACT HOURS

**** Please attach proof of registration or attendance.**

In addition to this application, please submit the following:

1. Letters of good standing, as applicable, from any other jurisdictions with which the applicant is, or has been, registered. **These letters must come from the other jurisdictions to this office.**
2. A current curriculum vitae.

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I certify that the above information is correct to the best of my knowledge.

Date: _____ Personal Signature: _____

Please fill out completely and mail with \$75.00 fee to:

Maryland State Board of Veterinary Medical Examiners
50 Harry S. Truman Parkway, Room 102
Annapolis, MD 21401

ReinstateTechApp Rev. 07/12